FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT

1997

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000056921 (5)

CRYSTAL BLUE ADVENTURES, INC.

Principal Place of Business Mailing Address 1777 PINE CHANNEL DRIVE 1777 PINE CHANNEL DRIVE **SUMMERLAND KEY FL 33042** SUMMERLAND KEY FL 33042-5717 3a. Date of Last Deport 3. Date Incorporated or Qualified 07/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be

30

25 9. Name and Address of Current Registered Agent **VURAL, EROL M** 25050 OVERSEAS HIGHWAY 2ND FLOOR OF THE BARNETT BANK **SUMMERLAND** KEY FL 33042

Country	y 8. This corporation has liability for intangib Florida Statutes ☐ Yos	le tax under s. 199.032, ☐ No				
	10. Name and Address of New Registered	d Agent				
81	Name ala					
82	Street Address (P.O. Box Number is Not Acceptable)					
83	3					
84	City	85 Zip Code				

Trust Fund Contribution

FILED

May 07 1997 8:00am

Secretary of State

Applied For

Fee Required

Added to Fees

Not Applicable

agent. I a	m familiar with, and accept the obligations of, Se	ction 607,0505, Flori	da Statutes.	solution a hours of directors. Thereby accept the up	oontinon to	registered		
SIGNATURE Signature, typed or printed name or registered agent and title in agentatic (NOTL Registered Apent signature required when reinstatural) DATE								
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	S IN 12		
TITLE	D	DELETE	1.1 TITLE	D	Change	Addition		
NAME	TROUP, DEBORAH		1,2 NAME	Meghan Troup		<i></i>		
STREET ADDRESS	1777 PINE CHANNEL DRIVE		1.3 STREET ADDRESS	1777 PINE CHANMEL Dr.				
CITY-ST-ZIP	SUMMERLAND KEY FL 33042		1.4 CITY+ST ZIP		1042			
TITLE		DELETE	2 1 TITLE	· Summerland Rey, Fr 35	Change	dition		
NAME			2 2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY - ST - ZiP					
TITLE		DELETE	3.1 TILE		Change	Addition		
Name			3.2 NAME					
STREET ADDRESS			3 3 STREET ADORESS					
CITY-ST-ZIP			3.4 CITY-ST-7IP					
TITLE		DELFTE	4.1 TILLE		☐ Change	Addition		
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY - ST - ZIP					
TITLE		DELETE	5 1 1174 F		☐ Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST - ZIP					
TITLE		☐ DELF1E	61 HILE		Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS		•	6.3 STREET ADDRESS					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address